## **CLAIMS ONLY**

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

|       | ASI  | FILED        |          | TER<br>ENDMENT |  | TER<br>NDMENT |
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| TOTAL<br>DEP.<br>TOTAL<br>CLAIM |  |  |  | _  |   |  |

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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